THE ROLES OF COPARENTING AND CHILD ROUTINES ON CHILDREN'S SOCIAL-EMOTIONAL COMPETENCE

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This thesis is dedicated to my family and other loved ones for all their support.

ABSTRACT

The current study's main purpose was to examine the contributions of coparenting quality and child routines to children's social-emotional competence during the COVID-19. The current study also aimed to investigate the indirect effects of coparenting quality to children's social-emotional competence via child routines. The participants comprised 403 mothers of children between 23 and 102 months old (M = 59.23, SD = 10.92). Mothers reported their children's social-emotional competence, coparenting quality, and children's routines along with the effects of the COVID-19 pandemic. Results showed that coparental cooperation was positively, coparental conflict and triangulation were negatively associated with children's social-emotional competence. In addition, it was found that there was a positive association between child routines and children's social-emotional competence. Structural equation modeling (SEM) was used to test direct and indirect effects. The results showed that there was an indirect effect of coparenting on children's social-emotional competence through child routines. Overall, children with parents who showed higher coparenting quality tended to have children with more consistent routines and, in turn, more consistent child routines predicted higher levels of social-emotional competence. These findings suggest that coparenting and child routines may play a crucial role in the social-emotional competence of children. Findings are discussed considering their functioning during the COVID-19 pandemic. Limitations of the current study and future directions are also discussed.

Keywords: social-emotional competence, coparenting, child routines, COVID-19

ÖZET

Mevcut çalışmanın ana amacı, COVID-19 sırasında ortak ebeveynlik ve çocuk rutinlerinin çocukların sosyal-duygusal yeterliliğine katkılarını incelemektir Bu çalışma aynı zamanda, ortak ebeveynlik kalitesinin çocukların sosyal-duygusal yeterliliğine çocuk rutinleri aracılığıyla dolaylı etkilerini araştırmayı da amaçlamaktadır. Katılımcılar 23-102 aylık çocuğu olan 403 anneden oluşmuştur (*Ort* = 59.23, *S* = 10.92). Anneler, COVID-19 pandemisinin etkileriyle birlikte çocuklarının sosyal-duygusal yeterliliğini, ortak ebeveynlik kalitelerini ve çocukların rutinleri değerlendirmişlerdir. Sonuçlar, ortak ebeveynliğin iş birliğinin boyutunun çocukların sosyal-duygusal yeterliliği ile olumlu, ortak ebeveynliğin çatışma ve üçgenleşme boyutlarıyla olumsuz ilişkili olduğunu göstermiştir. Ayrıca çocuk rutinleri ile çocukların sosyal-duygusal yeterliliği arasında olumlu ilişki olduğu tespit edilmiştir. Doğrudan ve dolaylı etkileri test etmek için yapısal eşitlik modellemesi (SEM) kullanılmıştır. Sonuçlar, ortak ebeveynlik yapmanın çocuk rutinleri aracılığıyla çocukların sosyal-duygusal yeterliliği üzerinde dolaylı bir etkisi olduğunu göstermiştir. Genel olarak, daha kaliteli ortak ebeveynlik ilişkileri sergileyen ebeveynleri olan çocuklar, daha tutarlı rutinlere sahip çocuklara sahip olma eğilimindeydiler ve daha tutarlı çocuk rutinleri, daha yüksek düzeylerde sosyal-duygusal yeterliliği öngörmüştür Bu bulgular, ortak ebeveynlik ve çocuk rutinlerinin çocukların sosyal-duygusal yeterliliğinde çok önemli bir rol oynayabileceğini göstermektedir. Bulgular, COVID-19 salgını sırasındaki işlevleri dikkate alınarak tartışılmıştır. Mevcut çalışmanın sınırlılıkları ve ilerki yönleri de tartışılmaktadır.

Anahtar kelimeler: sosyal-duygusal yeterlilik, ortak ebeveynlik, çocuk rutinleri, COVID-19

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CHAPTER 1

INTRODUCTION

A crucial element for quality child development is the acquisition of social-emotional competence in early childhood, given this period lays a foundation for children's remainder of life (Shonkoff et al., 2000). Social-emotional competence is an umbrella term that covers how children regulate and express their emotions in culturally appropriate ways to initiate and sustain relationships; and engage with their social and physical environments (Yates et al., 2008). Children require social-emotional competence to understand what social or emotional response is necessitated within a particular social context, and it allows children to understand the social cues in the environment and respond to these cues accordingly (Ladd, 2005; Yates et al., 2008). Social-emotional competence is found to be related to children's school readiness (Halle et al., 2012), academic achievement (Collie et al., 2019), peer relationships (Wang et al., 2019), teacher-child relationships (Acar et al., 2018), and mental health (Malti, 2020). Therefore, promoting and supporting these skills in the early years are important for children's quality development.

The development of socioemotional competence is not independent of the environmental context where the child grows. In the context of supportive environments (e.g., home, school, or peers), children can find opportunities to have greater social-emotional competence (Bronfenbrenner & Morris, 2006; Grusec, 2011; Ladd, 2005). Considering children begin growing in their immediate environments such as home context including parenting, this context substantially influences children's social-emotional competence (Karreman et al., 2008).

However, changes in children's environment due to disasters or pandemics could also affect all developmental domains, including the social-emotional competence of children (Masten & Osofsky, 2010; Wisner et al., 2018). The current study will examine the roles of coparenting quality and child routines on children's social-emotional competence during the COVID-19 pandemic. This study will not directly examine the changes in the context due to the pandemic; however, we should acknowledge that the pandemic may have brought some changes to the family dynamics (e.g., parent-child relationships or parent-parent relationships) where children grow (Wang et al., 2020). Considering these dynamic changes, we will conceptualize the examination of co-parenting, child routines, and children's social-emotional competence by considering the pandemic-related changes within family dynamics as this will be reflected by parents' perceptions.

The COVID-19 outbreak has quickly brought certain changes to families' daily routines, given many countries have closed down schools and workplaces, and individuals have been recommended to self-isolate and stay home (Cluver et al., 2020). As a result of these substantial changes, many parents have had to work remotely while caring for their children. The changing life conditions have put some responsibilities and burdens on parents more than before, especially for parents whom children continue to school as they have been contributing to their children's education and learning experience, promoting their positive development, and also managing the home environment in general (Wang et al., 2020). With the pandemic, parents' ability to access social support outside the home has disrupted, and this social isolation, along with other challenges that the current outbreak created, has negatively affected the physical and psychological well-being of parents and their children (Babore et al., 2020; Brooks et al., 2020).

Given that the COVID-19 pandemic has brought some challenges to the psychological well-being of parents and children, the present study will investigate the role of coparenting and child routines pertaining to children's social-emotional competence that could reflect within-family changes due to the COVID-19 outbreak. In the World Health Organization (2020) report on mental health and psychosocial considerations during the COVID-19 outbreak, it was highlighted that caregivers should maintain familiar routines or create new routines in a new environment for children. When facing unpredictable disaster events, maintaining routines facilitates children's mental health outcomes by promoting stability and predictability (MacPhee et al., 2015; Wisner et al., 2018). A study investigating the protective role of routines on the relation between pandemic-related stressors and adolescents' mental health has found that maintaining daily living routines during the pandemic was associated with fewer depressive symptoms (Ren et al., 2021). The researchers suggested that maintaining routines may offer adolescents a predictable environment, and this may perform as a protective factor, especially during the current pandemic, which has brought uncertainty and unpredictability to the households. We could expect similar results for preschool-aged children based on the previous research finding the role of child routines on positive child outcomes (Bater & Jordan, 2017). In addition, the within-family routines could be more important for younger children, given they may need more adult support due to their developmental period.

Parenting support on childrearing issues plays an important role in children's development (Karreman et al., 2008). Parents' support for each other may be promotive in the context of pandemic considering the reducing external social support caused by social isolation. A study conducted on the COVID-19 pandemic in Turkey showed that when mothers received

support from their spouses in child-rearing issues, their communication with children was more effective (Uzun et al., 2021). Another recent study in the United States has shown that greater parental support during the COVID-19 was significantly associated with lower parental perceived stress and child abuse (Brown et al., 2020). On the same token, a large body of research has shown that parental stress and parent-child relationships are linked to children's social and emotional skills (Anthony et al., 2005; Grusec, 2011). Based on these empirical findings, we could speculate that high-quality coparenting and establishing regular routines for children during the COVID-19 outbreak might be related to higher social and emotional competence in children.

1.1 Theoretical Background

The current study investigated the association between parent-parent relationships, child routines, and children's social-emotional competence from the perspective of the Family Systems theory. Family Systems Theory suggests that the family comprises interrelated subsystems such as parent-parent, parent-child, and sibling relationships (Minuchin, 1974). Considering the dynamic and interrelated nature of subsystems, any change in one subsystem influences the other subsystems (Cox & Paley, 1997). Coparenting is one of the important components of the family systems in which parents share the responsibility of child-related tasks (Teubert & Pinquart, 2010). Coparenting relationships might affect the children's subsystem and the parent subsystem, which is linked to children's adjustment (Qian et al., 2020). According to Family Systems theory, coparenting processes contribute to child development over and above any other subsystem (Feinberg, 2003; Boričević Maršanić & Kušmić, 2013). Therefore, coparenting quality has an essential role in children's development, including social-emotional competence.

The family system is considered as a major context in which children's social-emotional well-being is provided. It was proposed that cooperative coparenting behavior provides a sense of predictability, security, and stability within the family, promoting the sense of emotional security among children (Minuchin, 1974; McHale et al., 2002). On the other hand, conflictual coparenting relationship might induce negative arousal in children, and consequently, it may disrupt children's ability to regulate their emotions and behaviors (Boričević Maršanić & Kušmić, 2013). It appears that coparenting is a relevant factor in children's social and emotional competence.

Cooperating surely is not an independent entity influencing children's social-emotional competence (Feinberg, 2003). Coparenting may also influence how within-family dynamics function, including routines in the family. Therefore, we conceptualized that coparenting may manifest how child-related routines could emerge, and in turn, affect children's social-emotional competence. We acknowledge that the COVID-19 outbreak is a potential environmental stressor that originated outside of the family system that may undermine parents' functioning (Adadms et al., 2020), including coparenting. External stressors can disrupt the balance within family dynamics (Minuchin, 1985). COVID-19 might be a possible stressor (Brown et al., 2020) hindering the functioning of a family member, may create cycles of disruption in the family relationships. This disruption in the family dynamics may impact the functioning of all family members, thereby affecting child well-being (Cox & Paley, 1997).

Correspondingly, the COVID-19 pandemic might disrupt the balance of the family system, and this situation might affect the functions of the family and, in turn, child adjustment. Family Systems theory suggests an approach to understand human functioning in context

(Watson 2012). Considering the importance of coparenting in the family system, we will frame the current study based on Family Systems theory as a guide for explaining the findings in the COVID-19 pandemic context.

CHAPTER 2

LITERATURE REVIEW

2.1 Predictors of Children's Social Emotional Competence

In the following sections, we will explain the roles of coparenting and children's routines on children's social and emotional competence.

2.1.1 Coparenting and Social-Emotional Competence

Coparenting refers to the ways that both parents coordinate or not coordinate with each other and share the responsibility for raising their child(ren) (Feinberg, 2003). Specifically, coparenting is a multidimensional construct, and this study adopts the coparenting framework studied by Pinquart and Teubert (2015), which focuses on cooperation, conflict, and triangulation dimensions. Cooperation relates to parents' joint decisions on different child-related topics, such as discipline and safety, and their support to each other. Conflict refers to disagreements between parents about their principles in raising their child and undermining the other parent's coparental role. Finally, triangulation is defined as the inclusion of children in interparental conflicts, leading children to take sides and join in a parent-child coalition (Pinquart & Teubert, 2015).

There has been growing empirical evidence to support the importance of coparenting in children's social and emotional competence (Karreman et al., 2008; Teubert & Pinquart, 2010; Lam et al., 2018). The meta-analysis on the association between several coparenting dimensions

and child adjustment examined the importance of coparenting on the psychological adjustment of children (Teubert & Pinquart, 2010). The results revealed that three aspects of co-parenting, including cooperation, agreement, and conflict, were associated with children's social functioning. Such that, coparental cooperation and agreement were positively, and coparental conflict was negatively related to child social functioning. Furthermore, findings from the research have shown that children exposed to cooperative coparenting had higher prosocial behavior, including sharing, helping, and empathy-related behaviors (Scrimgeour et al., 2013). In addition to finding related to social competence, a recent study has also shown that supportive coparenting was positively associated with children's emotion regulation, which is a significant component of emotional competence (Qian et al., 2020). The reason behind why positive coparenting could support children's social-emotional competence comes from two perspectives. First, coparents might model supportive and cooperative behaviors for their children, and children may internalize social behaviors by observing their parents (Scrimgeour et al., 2013). It may, therefore, allow children to display socially and emotionally competent behaviors like being in a positive interpersonal relationship and showing empathy to others (Scrimgeour et al., 2013). Second, a positive coparenting relationship may create a secure family environment that provides a sense of emotional security for children (Minuchin, 1974; McHale et al., 2002). This positive relationship may promote emotionally secured children to engage in emotionally and socially competent behaviors (Scrimgeour et al., 2013). Considering the importance of coparenting for children's social-emotional competence, examining the association between these two constructs could reveal compelling information reflecting the COVID-19 outbreak.

2.1.2 Children's Routines and Social-Emotional Competence

Providing children's daily life with organized routines is considered to be an effective way of promoting their growth and wellbeing (Fiese & Everhart, 2008). Routines are defined as repetitive activities that occur in each daily/weekly life of a child with predictable regularity and that are observed by at least one adult in the context (Sytsma et al., 2001). Typical child routines such as morning, mealtime, reading, play, and bedtime routines are structured to organize the daily life of families (Fiese & Everhart, 2008). In particular, routines provide consistent environmental cues to children so that they can show certain expected behavioral patterns throughout the day (Fiese et al., 2002; Sytsma et al., 2001). Therefore, with predictable routines, children can associate their own actions with consequences and manage their own behavior accordingly, and in turn, may be engaged in more emotionally and socially competent behavior (Jordan, 2003).

Furthermore, establishing routines are thought to be related to children's compliance (Sytsma et al., 2001). Researchers have emphasized the significance of establishing daily routines as it promotes children's physical, cognitive, social, and emotional development (Fiese & Everhart, 2008). For example, establishing regular sleep routines or household routines like making the bed may develop a sense of belonging to the family and comply with the instructions that contribute to the child's social development. It may allow the child to develop a sense of partnership and belonging to the family. There is also empirical evidence suggesting that routines are related to behavior regulation as part of the social-emotional competence (Fiese & Everhart, 2008; Bater & Jordan, 2017; Ren & Fan, 2019). In detail, daily routine activities require children to follow the order and consequences and need them to comply with the rules. Therefore, routines

are thought to provide children with an opportunity to control and regulate their emotions and behaviors (Ren & Fan, 2019).

In addition to self-regulation, which is an important component of social-emotional competence, there are other studies showing the association between routines and social and emotional skills. Ren, Hu, and Song's (2019) study examining parenting, child routines, and social-emotional development found that more consistent child routines were related to positive social skills. Another study with preschool-aged children found that daily routines were related to high social-emotional health, which is stated to be closely linked to understanding emotions, showing empathy, and forming positive relationships with others (Muñiz et al., 2014).

Researchers suggest that when families face some environmental stressors, it may become more difficult to structure daily routines; therefore, it might hinder developing competent social and emotional skills (Fiese & Everhart, 2008). Currently, the COVID-19 pandemic might be a possible environmental stressor related to children's routines. Children's daily routines have considerably changed during the COVID-19 outbreak, as children lack social interactions, participating in outdoor activities, and attending to school due to home confinement (Lee, 2020; Wang et al., 2020). Although there have been some results showing that children's routines have been disrupted due to the COVID-19 outbreak, still less is known about the association between child routines and social-emotional competence in the COVID-19 pandemic context, particularly in the Turkish family context.

2.2 The Indirect Effect of Coparenting on Children's Social-Emotional Competence Through Child Routines

Some research has studied the relationship between parenting and child routines. A study examining routines of children between the ages of 6 and 12 found that positive parenting practices were positively and negative parenting practices were negatively related to child routines (Jordan, 2003). More recent study with parents of preschool aged children supported the previous literature showing that positive parenting was associated with more frequent daily, and negative parenting was associated with fewer child routines (Bater & Jordan, 2017). Based on the research findings, it has been suggested that parents who engage in positive parenting practices may be more prone to establish predictable and consistent routines for their children (Sytsma et al., 2001; Wittig, 2005). On the other hand, parents with less adequate parenting practices may have difficulties in establishing routines for their children (Zajicek-Farber et al., 2014).

Despite the research examining the role of coparenting or routines on social and emotional competence, the possible mechanism through which coparenting influences social and emotional skills has yet to be examined. Ren and colleagues (2019) studied the mediating role of child routines on the association between parenting and the social-emotional development of children. They found the mediating role of routines on the relationship between authoritative parenting and social-emotional skills, such that authoritative parenting was positively associated with children with more consistent routines. These children were found to exhibit an increased level of social skills and decreased level of behavior problems. They suggested that the main mechanism behind this relation might because routines are the extension of positive parenting practices, and authoritative parents may be more competent in establishing consistent routines for their children

(Bater & Jordan, 2017; Ren et al., 2019). Another study investigating the link between coparenting and social-emotional development of children found the mediating role of child routines (Ren & Xu, 2019). They proposed that parents who are supportive of child-rearing issues may be more effective in setting daily routines, and in turn, it may be related to social-emotional outcomes in children. Yet, more research is needed to understand the mechanism that identifies child routines as a mediator of the association between coparenting and children's social and emotional competence.

2.3. The Current Study

2.3.1 The Significance of the Current Study

The presence of the COVID-19 pandemic might have posed challenges on children to follow the daily routines and challenges to families to support each other in childrearing issues, or it might be the opposite, such that children and families spending more time together during the pandemic may enjoy supporting each other and may experience not much change in their daily life (Brown et al., 2020). Previous studies showed the effects of the COVID-19 pandemic on parental support, daily routines, and social-emotional outcomes (Brown et al., 2020; Ren et al., 2021; Uzun et al., 2021). However, there has been no research yet to examine how perceived coparenting would contribute to the children's daily routines and their social-emotional context; therefore, coparenting relationship should be studied in the COVID-19 context as the quality of coparenting is suggested to be affected by extrafamilial, environmental factors (Feinberg, 2003).

The current study aimed to examine the association between the coparenting relationship and social-emotional competence of children ages between 48 to 72 months. It is important to

acknowledge the unique contribution of a coparenting relationship to a child's better social and emotional functioning in the early years of life (Teubert & Pinquart, 2010). The research has been lacking to reveal how coparenting routines and their function in children's social-emotional outcomes in Turkey (see Gürmen, 2019). Hence, the mechanism behind the link between co-parenting and its consequence on children's social-emotional competence should be examined to reveal its importance on children's social-emotional competence.

Besides, child routines are another subject that is shown to be related to positive social-emotional outcomes that might be affected by the current COVID-19 outbreak. Although the previous study examined the daily living routines of adolescents, there has been no study examining child routines in childhood (Ren et al., 2021) across countries, let alone in Turkey. From this perspective, the present study offers, to our knowledge, the first empirical evidence to address the indirect effect of coparenting on children's social-emotional competence through child routines during the COVID-19 outbreak.

2.3.2 The Goal of the Study

Taken all these significant aspects addressed in current study, the main purpose of this study was to examine the contributions coparenting and child routines to children's social-emotional competence. In addition, we examined the indirect effects of coparenting quality to children's social-emotional competence through child routines.

2.3.3 Research Questions of the Study

Considering the purpose of the current study, we addressed the following research questions and hypotheses.

RQ1: Do coparenting relationships associate with the children's social-emotional competence?

H1A: Coparental cooperation will positively associate with children's social-emotional competence.

H1B: Coparental conflict will negatively associate with children's social-emotional competence.

H1C: Coparental triangulation will negatively associate with children's social-emotional competence.

RQ2: Do child routines associate with the coparenting relationship?

H2A: Child routines will be positively associated with coparental cooperation.

H2B: Child routines will be negatively associated with coparental conflict.

H2C: Child routines will be negatively associated with coparental triangulation.

RQ3: Do child routines associate with the children's social-emotional competence?

H3: Child routines will be positively associated with children's social-emotional competence.

RQ4: Is there an indirect effect of coparenting on children's social-emotional competence via child routines?

H4: We hypothesize that quality coparenting relationship will be positively related to child routines, and in turn, child routines will be positively associated with better social-emotional competence. Based on the previous studies (Ren & Xu, 2019; Ren et al., 2019), we suggest that the cooperative coparenting relationship will allow parents to structure the child's daily routines, and children having cooperative coparents will also cooperate with their parent and comply with the structured routines.

CHAPTER 3

METHOD

3.1 Participants

We recruited 413 mothers of children whose ages ranged between 23 and 102 months old (M = 59.23, SD = 10.92). Initially, the data were screened for the 450 participants. 19 participants who identified themselves as fathers or other caregivers were removed from the data as the initial condition for participating in the study was determined to be as being a mother. Then, 13 mothers who answered the attention question wrong were removed from the data. 5 participants who entered the survey twice were detected, and they were removed from the data. As data quality assurance, we contacted 85% of the mothers (n = 351) to check if they completed the questionnaires or not. Consequently, one participant who said they filled out the questionnaire with incorrect information was deleted from the data. Another participant who has a child age 243 months was removed from the study as the measures were not applicable to this age group. Before the preliminary analyses, we had 411 participants. Mothers' age ranged from 22 years to 50 years (M = 35.85, SD = 4.75) and fathers' age ranged from 27 years to 60 years (M = 39.06, SD = 5.59). A minority (2.2%) of mothers were primary school graduated, 2.7% of mothers were secondary school graduated, 22.6% of mothers were high school graduated, 56.8% of mothers had an undergraduate degree, 14.1% mothers had master's degree, and 1.5% of mothers had a doctorate. A minority (1.2%) of fathers were primary school graduated, 3.5% of fathers were secondary school graduated, 22.8% of fathers were high school graduated, 57.8% of fathers had an undergraduate degree, 11.2% fathers had master's degree, and 3.5% of fathers had a doctorate. A large percentage of mothers reported their marital status as married (95.3%) while 2.9% of the

mothers reported as divorced, 0.7% of mothers reported as remarried, 0.5% of mothers reported as single, 0.2% of mothers reported as separated, and 0.2% of mothers reported as cohabiting. The employment status of mothers is that 46.6% of the mothers reported them as employed, while 53.3% of the mothers reported them as unemployed. For fathers, 96.0% of the fathers reported them as employed, and 3.9% of the fathers reported them as unemployed. The majority of parents were high income, with 2.9% reporting a monthly family income of between 0TL-1500TL, 5.7% reporting between 1501TL-3000TL, 20.6% reporting 3001TL-5000TL, 16.9% reporting 5001TL-7000TL, and 53.8 % reporting as 7001TL and higher. We created the socioeconomic status (SES) variable by averaging the standardized scores (z-scores) of maternal education, paternal education, and family monthly income. This composite SES variable was used in further analyses. The demographic information is presented in Table 1.

Table 1

Participants' Demographic Information

	n	*%*	*Missing(%)*	*M*	*SD*	*Range*
Child Characteristics						
Gender	327		18.9 %			
Girls	173	42.92				
Boys	154	38.21				
Age (Months)	403			59.23	10.919	23 - 102
Family Characteristics						
Mothers' Age	402		0.2 %	35.85	4.751	22 - 50
Fathers' Age	402		0.2 %	39.08	5.598	27 - 60
Mothers' Occupation Status	403					

Employed	188	46.65
Unemployed	215	53.35
Fathers' Occupation Status	403	
Employed	387	96.03
Unemployed	16	3.97
Mothers' Education Status	403	
Primary School	9	2.23
Secondary School	11	2.73
High School	91	22.58
Undergraduate	229	56.82
Master's Degree	57	14.14

Doctorate	6	1.49
Fathers' Education Status	403	
Primary School	5	1.24
Secondary School	14	3.47
High School	92	22.83
Undergraduate	233	57.82
Master's Degree	45	11.17
Doctorate	14	3.47
Marital Status	403	
Married	384	95.28
Single	2	0.50
Divorced	12	2.98

Separated	1	0.25
Cohabiting	1	0.25
Remarried	3	0.74
Family Income	403	
0-1500TL	12	2.98
1501-3000TL	23	5.71
3001-5000TL	83	20.60
5001-7000TL	68	16.87
7001+	217	53.85

Note. M = Mean, SD = Standard Deviation.

3.2 Measures

3.2.1 Coparenting

The Coparenting Inventory for Parents with Preschoolers (CI-PP; Pinquart & Teubert, 2015) was used to assess mothers' perceptions of the coparenting quality. The measure was adapted to Turkish by Acar et al. (2021). The CI-PP is a 12-item that is rated on a four-point Likert-type scale from 0 (not at all true) to 4 (completely true). The CI-PP assesses three co-parenting dimensions, including cooperation (consisting of four items, e.g., "*My partner and I talk about child-rearing"*), conflict (consisting of four items, *e.g., "My partner and I disagree on the rules, goals, and demands of child-rearing"*), and triangulation (consisting of four items, e.g., "*Our child gets involved in conflicts between my partner and me"*). In the original adaptation study, the researchers reported internal consistency (Cronbach's alpha) of .87 for cooperation, .80 for conflict, and .81 for triangulation in mother reports. For the current study, The Cronbach alpha internal reliability coefficients for cooperation were .846, for conflict was .775, and for triangulation was .720 for mother reports (see Table 2).

3.2.2 Child Routines

The Child Routines Questionnaire for preschool-aged children (CRQ-P; Wittig, 2005) was used to assess child routines in daily functioning. The original CRQ-P was a 35-item questionnaire consisting of three subscales: Daily Living, Activities, and Discipline. Parents rated on a five-point Likert-type scale ranging from 0 (never) to 4 (nearly always). As we used this scale for the first time with Turkish mothers, we translated the questionnaire into Turkish. Then, back-translation was made, and then inconsistencies were discussed until a consensus was reached. After all the translation and correction processes ended, the final version of the scale was

piloted with several mothers for comprehension of the items. After all these processes were done, the last version of the questionnaire was used for the current study. In the translation process, we removed two items (e.g., "*My child attends church with the family weekly"* and *"My child says prayers before meals and/or before bedtime"*) that were no inclusionary of whole Turkish families. This approach was also used in the Chinese translation of the measure (Ren & Fan, 2019). We ran confirmatory factor analyses (CFA) to test whether the predefined structure of the scale could be replicated with a Turkish sample using the JASP (JASP Team, 2021). We utilized the following steps to improve the model fit and conceptual comprehensiveness. First, we removed items with nonsignificant and low factor loadings ($\lambda < .30$; Brown, 2015; Kim & Muller, 1978). Second, items with low item-total correlations were removed (< .15, Clark & Watson, 1995; Loewenthal, 2004). We utilized un-weighted least squares (ULS) in the CFA models as it provides better model convergence with ordinal scales (Forero et al., 2009). The model fit for the CFA final model was acceptable, $\chi 2(296) = 526.167$ ($p < .001$), CFI = .94, RMSEA = 0.043 (90% CI = 0.037 ~ 0.049), SRMR = 0. 065. All the items and their factor loadings under subscales of Daily Living, Activities, and Discipline can be seen in Appendix A. The Daily Living subscale contains twelve items relating to children's daily living skills (e.g., "*My child eats breakfast at about the same time each morning"*). The Activities subscale contains eight items and captures children's involvement in family and social activities (e.g., "*My child engages in regular, planned activities with the family each week"*). Lastly, the Discipline subscale contains six items relating to parents' disciplinary strategies and guidance (e.g., *"My child has to follow household rules, such as "No hitting" or "No yelling"*). In the current study,

we found internal consistency (Cronbach's alpha) of .81 for daily living, .70 for activities, and .67 for discipline subscales. See Appendix A for the items and factor loadings.

3.2.3 The COVID-19 Pandemic Effects

We used the COVID Impacts Scale to evaluate the financial, resource, and psychological impacts of the COVID -19 pandemic (Conway et al., 2020) and the subscale of family interactions during the COVID-19 from Ergül and Yılmaz's (2020) instrument. Questionnaires can be found in Appendix B and Appendix C. Mothers rated the COVID Impacts Scale on a seven-point Likert-type scale from 1 (not true of me at all) to 7 (very true of me). In addition, mothers rated COVID-19 family interactions questionnaire on a five-point Likert-type scale from 1 (I do not agree at all) to 5 (I totally agree). Given we used the Conway et al.'s (2020) measures for the first time with Turkish parents, we ran confirmatory factor analyses using the JASP (JASP Team, 2021). The model fit for the CFA final model was acceptable, $\chi 2(24) = 97.783$ ($p < .001$), CFI = .94, RMSEA = 0.086 (90% CI = 0.069 ~ 0.104), SRMR = 0.056. Standardized loadings ranged from .31 to 97. We found internal consistency (Cronbach's alpha) of .76 for financial effects, .66 for resources, and .70 for psychological effects. Internal consistency was .91 for the family interactions subscale in the current study (see Table 2). We used these variables as covariates in the structural equation model.

3.2.4 Social and Emotional Competence

We used the Ages and Stages Questionnaires: Social Emotional (ASQ: SE; Squires et al., 2002). The Turkish version of ASQ: SE was adapted to Turkish by Kapcı et al. (2015). As the ASQ was designed with children depending upon their developmental age stage, we used the two

sets of forms as one for 48 months (33 items; 42-53 moths of children) and 60 months (33 items; 54-72 months old children) (Shields et al., 2002). Using the ASQ: SE, mothers rated their children's social-emotional competence in areas of self-regulation, communication, compliance, adaptive behaviors, affect, autonomy, and interaction with people. Parents reported their children's social and emotional functioning on a 3-point scale (0, 5, or 10 points: "rarely or never", "sometimes", and "most of the time"). The ASQ has been used with two purposes: first, for screening of children's social-emotional difficulties; second, for the purpose of research (Marks et al., 2019; Pooch et al., 2019; Singh et al., 2017). For the screening purpose, practitioners could be categorized children by using cut-off points (Kücüker et al., 2014; Squires et al., 2002). Considering the purpose of the current study, we used the total score of social-emotional competence by summing all items. This approach has been used in previous research (e.g., Duguay et al., 2021; Eurenius et al., 2018; Pooch et al., 2019; Vaezghasemi et al., 2020) and Kapçı et al. (2015) reported internal consistency as the whole scale, indicating the use of total score to assess children's global socioemotional competence. We relied on internal consistency (McDonald's ω and Cronbach's alpha; Deng & Chan, 2017; McDonald, 1999) and item-total correlations (Loewenthal, 2004) in creating the composite score. By removing five items (*Does your child cling to your more than you expect? Does your child seem too friendly with strangers? Is your child interested in things around him, such as people, toys, and foods? Does your child seem more active than other children his age? Does your child explore new places, such as a park or a friend's home?)*, our internal consistency was better, and all items had an item-total correlation of .15 or higher. We summed the remaining items to create the composite social-

emotional competence subscale. The internal consistency was .796 (Cronbach's α) and .798 (McDonald's ω) in the current study (see Table 2).

3.3 Data Quality and Collection Procedures

Participants were reached by using word of mouth through social media platforms or in-person connections. For the aim of the current study, the participant children have not attended any special education institutions and did not show any developmental problems as reported by mothers. For the online data collection process, mothers were given an online link through Qualtrics (Qualtrics, Provo, UT) to complete the questionnaires. Mothers were informed about the details of the study and were asked about their consent for their participation in the research. They were informed that their participation was completely voluntary. As compensation, participants were enrolled in a drawing for a children's book. There were 30 children's books disseminated to participants. Mothers were asked to provide a phone number to participate in the drawing and further communication. We used two methods for data quality assurance. First, we used the attention-check item and removed participants who failed to respond to the attention-check item correctly (n= 13) (Niessen et al., 2016). Second, we called back 85% of the participants to make sure they completed the survey and were aware of it.

3.4 Data Analytical Approach

3.4.1 Data Screening

Prior to the main analysis, the data were carefully screened through SPSS 27.0 (IBM Corp. Released 2020) for accuracy of data entry, missing values, and fit between their distributions and the assumptions of multivariate analysis. After checking item-level accuracy,

composite scores were created for all variables by averaging or summing related items. In each variable, higher values meant higher levels of that variable.

Missing values were detected in a total of three variables (see Table 1 and 3 for details). The highest missing data were on the social-emotional competence (22.6%); therefore, a Missing Values Analysis was conducted using Little's (1988) test of Missing Completely at Random (MCAR) to understand the pattern of these missing values. The result of MCAR test was not significant, $\chi 2 = 15.159$, $p = .298$, showing that missing values were completely at random. We used the full information maximum likelihood to handle the missingness in the analyses (Enders, 2010).

After the missing data analysis, we checked univariate and multivariate outliers. In order for a score to be a potential outlier, it must exceed the limits of 3.29 ($p < .001$, two-tailed) (Tabachnick & Fidell, 2007). Even though, there were several univariate outliers, any data point or participant was not removed from the data at this stage. The multivariate outliers were checked using Mahalanobis Distance (Tabachnick & Fidell, 2007). There were 8 multivariate outliers which were in above the χ^2 value of 29.59, $p < .001$ and they were deleted from the dataset leaving 403 participants at total for the further analyses.

We tested normality assumptions by using the criteria of +3 and -3 for skewness and +10 and -10 for kurtosis (Kline, 2011). Our variables were within the acceptable range; therefore, no transformation was employed. We also tested multicollinearity among our predictor variables by applying the rule that if tolerance is less than .10 and variance inflation factor (VIF) is above 10 it is an indicator of multicollinearity (Pallant, 2016). The results from the multicollinearity test

demonstrated that tolerance ranged from .493 to .905 and VIF ranged from 1.105 to 2.029, indicating that there was no multicollinearity among variables in the current study.

3.4.2 Analytical Approach

Multivariate analyses were conducted in the *Mplus 8* (Muthén & Muthén, 2012), using structural equation modeling (SEM) with maximum likelihood estimation. We followed the two-step model building approach. First, we tested the measurement model where we created latent factors of coparenting and child routines. Once the measurement model was found to be satisfactory, we tested the hypothesized structural model to examine whether there is an indirect effect of coparenting on children's social-emotional competence via child routines. To test the structural model, direct paths were added from coparenting to social-emotional competence, from coparenting to child routines, and child routines to social-emotional competence. We utilized the top-down model building where we included all possible covariates including age, gender, SES and the COVID-19 related effects in the model and then removed the nonsignificant ones by considering the model fit improvement (Wang & Wang, 2012). We tested the significance of the indirect effects by using the bootstrapping technique (1000 resampling) with 95% confidence intervals (MacKinnon et al., 2007). We utilized a 95% bias-corrected bootstrap method, as it provides parsimonious results (MacKinnon et al., 2004). In line with Kline's (2011) recommendations, comparative fit index (CFI) and Tucker-Lewis index (TLI) values greater than .90, root mean square error of approximation (RMSEA) values of .08 or below, and standardized root mean square residual (SRMR) values of .08 or below are employed to indicate a good fit.

Table 2

Descriptive Statistics for Study Variables (N = 403)

	Internal Consistency	*Missing (%)*	*Min-Max*	*M*	*SD*	*Skewness*	*Kurtosis*
Social-Emotional Competence	.796	22.6%	24.0-54.0	48.33	4.77	-1.780	4.813
Coparenting Dimensions							
Cooperation	.846		1.00-4.00	3.45	.638	-1.342	1.630
Conflict	.775		1.00-4.00	1.79	.707	.726	-.191
Triangulation	.720		1.00-3.25	1.32	.466	1.649	2.336
Child Routines							
Daily Living	.820		1.17-4.00	3.18	.500	-.859	1.069
Activities	.714		0.88-4.00	2,88	.523	-.430	.254
Discipline	.674		0.33-4.00	2,68	.591	-.355	.359
COVID-19 Effects							
Financial	.706		1.00-7.00	3.29	1.71	.409	-.519

Resource	.661	1.00-7.00	2.50	1.50	.829	.069
Psychological	.693	1.00-7.00	3.64	1.49	.139	-.471
Family Interactions	.918	1.80-5.00	4.50	.648	-1.298	1.303

Min = Minimum, Max = Maximum, M = Mean, SD = Standard Deviation

CHAPTER 4

RESULTS

Preliminary Results

Preliminary analyses were conducted in the SPSS 27.0. Descriptive statistics and internal consistency of all variables are presented in Table 2.

4.1 Bivariate Analyses

The bivariate correlations (Pearson) were conducted between children's social-emotional competence, coparenting (cooperation, conflict, and triangulation), child routines (daily living, activities, and discipline), the impacts of the COVID-19 related effects (financial, resource, psychological, and family interactions) and demographic variables. Correlations between all study variables are presented in Table 3.

The association between coparenting and social-emotional competence was tested. Results showed that cooperation was positively (r (312) = .272, $p < .01$), conflict (r (312) = -.313, $p < .01$) and triangulation (r (312) = -.311, $p < .01$), were negatively associated with children's social-emotional competence. Our Hypotheses 1A (Coparental cooperation will positively associate with children's social-emotional competence), 1B (Coparental conflict will negatively associate with children's social-emotional competence) and 1C (Coparental triangulation will negatively associate with children's social-emotional competence) were supported.

The association between coparenting and child routines showed that higher levels of coparental cooperation was positively related to daily living routines (r (403) = .251, $p < .01$), activity routines (r (403) = .287, $p < .01$), and discipline routines (r (403) = .147, $p < .01$), while

coparental conflict was negatively related to daily living routines (r (403) = -.241, p < .01), activity routines (r (403) = -.237, p < .01), and discipline routines (r (403) = -.145, p < .01). In addition, coparental triangulation was negatively associated with daily living routines (r (403) = -.204, p < .01), activity routines (r (403) = -.265, p < .01), it was not significantly related to children's discipline routines (r (403) = -.085, p = .088). Hypotheses 2A (Child routines will be positively associated with coparental cooperation), 2B (Child routines will be negatively associated with coparental conflict) were supported. Hypothesis 2C (Child routines will be negatively associated with coparental triangulation) was not supported.

We tested the association between child routines and children's social-emotional competence. Children's social-emotional competence was positively associated with daily living routines (r (312) = .473, p < .01), activity routines (r (312) = .388, p < .01), and discipline routines (r (312) = .199, p < .01) of children. Hypothesis 3 (Child routines will be positively associated with children's social-emotional competence) was supported.

Lastly, there was no significant correlations between demographics (i.e., children's age, gender, and SES) and children's social-emotional competence. Children's gender was not significantly related to any study variables. Children's age was only correlated to discipline routines (r (403) = .099, p = .047), nevertheless the effect size was negligible. See Table 3 for complete correlation results.

Table 3
The Pearson Correlations of the Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. SEC	-													
2. CP Cooperation	.272**	-												
3. CP Conflict	-.313**	-.496**	-											
4. CP Triangulation	-.311**	-.407**	.517**	-										
5. Daily Routines	.473**	.251**	-.241**	-.204**	-									
6. Activity Routines	.388**	.287**	-.237**	-.265**	.640**	-								
7. Discipline Routines	.199**	.147**	-.145**	-.085	.306**	.392**	-							
8. C19 Financial	.014	-.078	.001	-.023	.031	.075	.027	-						
9. C19 Resource	-.016	.010	-.022	.003	-.049	.005	.120*	.486**	-					
10. C19 Psychological	-.116*	-.077	.011	.131**	-.142**	-.030	.025	.154**	.158**	-				
11. C19 Family Interactions	.264**	.329**	-.250**	-.259**	.296**	.257**	.219**	-.062	-.075	-.120	-			
12. Child Age	.015	-.021	.033	.028	.076	-.003	.099*	.026	.043	-.068	.054	-		
13. Socioeconomic Status	.059	.026	-.045	.075	.138**	.071	.026	-.189**	-.335**	-.040	.105*	-.088	-	
14. Gender	-.057	-.104	.058	.009	.003	.059	.047	.056	-.034	.044	.004	.051	.071	-

Note. *$p < .05$ (2-tailed), **$p < .01$ (2-tailed). SEC = Social-Emotional Competence, C19 = COVID-19, CP = Coparenting, Gender (Girl= 1, Boy = 2).

4.2 Multivariate Analyses

4.2.1 Measurement Model

Grounded on the previous conceptualization of coparenting and child routines, and their associations to social-emotional competence (Ren & Xu, 2019), we attempted to build latent factors of coparenting and child routines rather than utilizing observed variables in the analyses. We first tested the measurement model where coparenting which consisted of cooperation, conflict, and triangulation subscales, and child routines which consisted of daily living, activities, and discipline subscales were latent variables using the CFA in *the Mplus8* (Muthén & Muthén, 2012). The results showed that the measurement model fit the data very well, $\chi^2(8) = 9.01$, $p = .34$, CFI = .99, TLI = .99, RMSEA = .02, 90% CI [0.00 - 0.06], SRMR = .019. The standardized item loadings ranged from .65 to .76 for coparenting, and from .44 to .88 for child routines, meaning that all loadings were acceptable. The results from the measurement model indicated that we could move forward with the structural model (Kline, 2011).

4.2.2 Structural Model

As we followed top-down model building approach, in the first model we included all possible covariates including age, gender, SES and the COVID-19 related effects (financial, resource, psychological, and family interactions) in the model. The results of SEM were as follows, $\chi^2(40) = 86.35$, $p < .001$, CFI = .92, TLI = .86., RMSEA = .06, 90% CI [0.04, 0.07], SRMR = .04. As seen from the model fit indices, there was a room for model improvement. In the competing nested model, we removed the nonsignificant paths from the covariates in the model. We tested the model improvement via a chi-square difference test (Kline, 2011). The

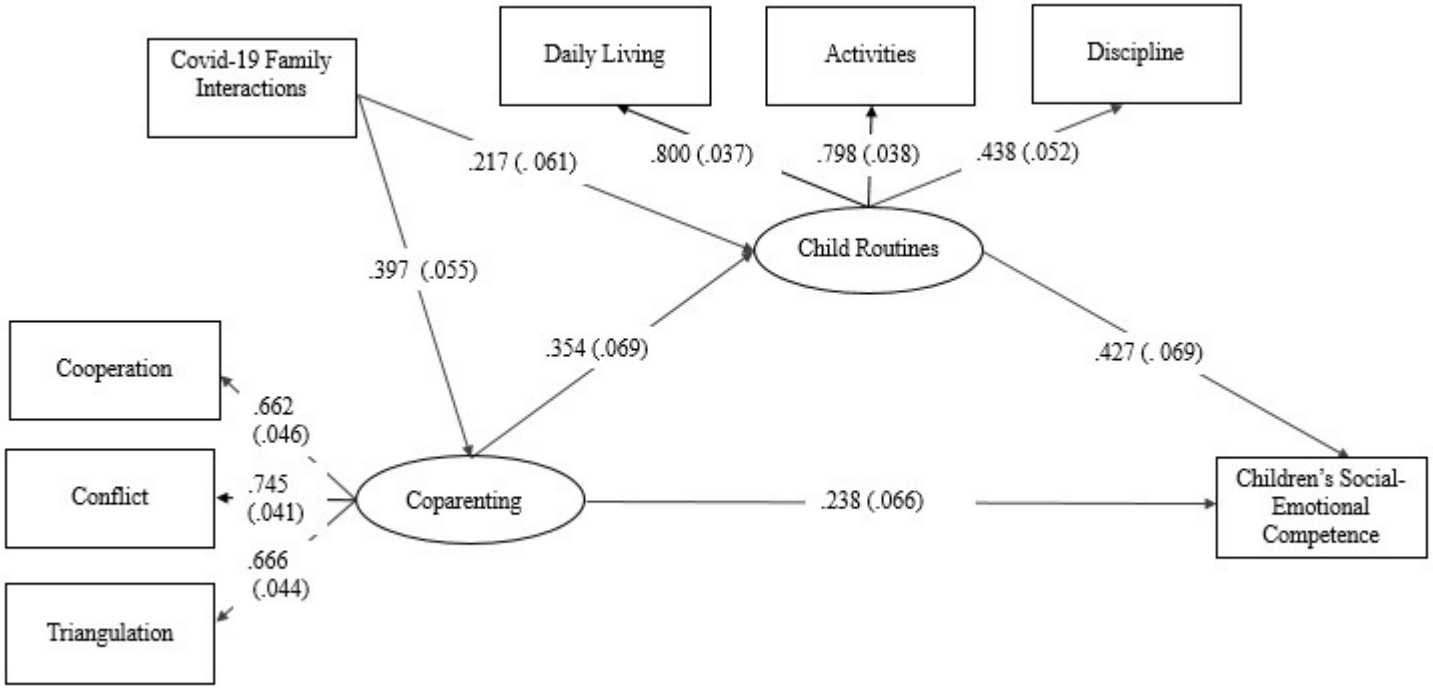
results of the chi-square difference test showed that the final model fit the data better than the previous full model, $\Delta\chi^2(23) = 50.94$, $p < .001$. Results from the final structural model showed a good fit to the data, $\chi^2(17) = 33.58$, $p = .01$, CFI = .98, TLI = .96, RMSEA = .04, 90% CI [0.02, 0.07], SRMR = .03. In this model, coparenting was positively related to children's social-emotional outcomes, (B= 2.687 (SE= .888), $\beta = .238$, $p < .001$) and child routines (B= 0.335 (SE= .073), $\beta = .354$, $p < .001$). Besides, child routines were positively related to children's social-emotional outcomes (B= 5.085 (SE= .978), $\beta = .427$, $p < .001$). The final model is depicted in Figure 1.

The indirect effect from coparenting to social-emotional competence was tested using 1000 bootstraps with 95% CIs. The indirect path specifically indicating that child routines significantly mediated the effects of coparenting on children's social-emotional competence was found to be significant, ($\beta = 0.15$ (SE= .034), [95% CI: 0.091, 0.228]. We acknowledge that testing mediating effect in an absence of longitudinal data would be problematic (Agler & Boeck, 2017). From this point of view, our significant result from this model could be interpreted as indirect effect rather than a pure mediation. Overall, children with parents who showed higher quality coparenting relationship tended to have children with more consistent routines and, in turn, more consistent child routines predicted higher levels of social emotional competence

Figure 1

Cooperating Quality Predicting Children's Social-Emotional Competence through Child Routines.

Standardized coefficients are presented to reflect effect sizes.



CHAPTER 5

DISCUSSION

The current study aimed to investigate the roles of coparenting and child routines on children's social-emotional competence with a particular interest of testing indirect effect of coparenting on children's social-emotional competence via child routines. We found a significant indirect effect of coparenting quality on children's social-emotional competence via child routines. Considering the purpose of the current study, in the following sections, the findings are discussed in turn.

5.1 Coparenting Quality and Children's Social-Emotional Competence

The first hypothesis of the study examined the role of coparenting quality on children's social-emotional competence as rated by their mothers. Our result from the current study confirmed our hypothesis by revealing statistically significant direct effect of coparenting on children's social emotional competence. The quality of coparenting relationship during the COVID-19 predicted children's social-emotional competence. Besides, the findings showed bivariate associations between coparenting quality and children's social-emotional competence. More specifically, we found that children's social-emotional competence was negatively associated with coparental conflict and triangulation, and positively associated with cooperation. Previous meta-analysis found (Teubert & Pinquart, 2010) significant associations of coparental cooperation and conflict with social functioning but did not find significant associations of coparental triangulation with social functioning. Coparenting triangulation which includes the involvement of the child in parental conflicts and creating a coalition between one parent and a

child is considered to result from conflict between coparents (Feinberg, 2003). As seen from the operational definition, coparental triangulation which represents negative aspect of coparenting and undermines quality coparenting relationship is known to have a negative effect on children (Gurmen, 2019). Our result indicated a significant bivariate correlation with coparental triangulation with social-emotional competence of children. The reason why we observed a negative correlation between coparental triangulation and children's social-emotional might be because parents who triangulate their children might model inefficient and negative strategies for their children. As a consequence, children may internalize their parents' behavior, and may have difficulty in their socioemotional functioning. Another explanation might be that coparental triangulation might threaten children's sense of security and therefore children might engage in less socially and emotionally competent behavior. This result may support the idea that during early childhood preventing children from being involved in the interparental conflict and avoiding forcing them to choose sides during conflicts to maintain the balance of family systems may especially important for children's social-emotional development (Feinberg, 2003).

5.2 Child Routines and Children's Social-Emotional Competence

The findings regarding the significant direct association with child routines and social-emotional competence indicated that child routines during the COVID-19 predicted children's social-emotional competence. This result was supported by the literature that outlined the crucial role of child routines for child socioemotional adjustment (Bater & Jordan, 2017; Ferretti & Bub, 2014). In particular, the bivariate analysis showed significant relationships between child routines and social-emotional competence, which supported our hypothesis, stating that there would be a positive relationship between child routines and children's social-emotional competence. In other

words, implementing consistent routines could be supporting to have greater social-emotional competence. To our knowledge, this is the first study to demonstrate that providing consistent routines is associated with better social-emotional competence in Turkish children. Previous findings have established the importance of implementing routines on children's social and emotional outcomes, consistent with our findings (Muñiz et al., 2014; Ren & Xu, 2019). For instance, Muñiz et al. (2014), studying the role of children's participation in family routines on preschoolers' social-emotional health, found the positive impact of routines on children's ability to understand and express emotions, building positive relationships with others, and show high self-regulatory skills. Additionally, our results showed that child routines predicted children's social-emotional competence (β = .427) stronger than coparenting quality (β = .238), suggesting that having more consistent routines plays a stronger role in having higher social-emotional competence for children. Providing anticipatory guidance on children's activities and encouraging them to participate in predictable and consistent routines may ensure a sense of predictability and security in the environment (Fiese et al., 2002). Therefore, children with more consistent routines may be better able to control their behavior in such predictable and secure environments and manage appropriate social and emotional behaviors.

5.3 Indirect Effect of Coparenting on Children's Social-Emotional Competence through Child Routines

The result showed that there was a direct association with coparenting and child routines. As it was mentioned earlier, establishing consistent routines is considered as an extension of positive parenting practices (Bater & Jordan, 2017). Besides, quality coparenting necessitates couples to coordinate with each other, manage the division of duties, uphold the other's positive

parenting practices, and share the responsibility for raising their child (Feinberg, 2003). Establishment of structured and consistent routines is also related to mentioned components of coparenting, and this may be because we found a relationship between quality coparenting and consistent child routines.

Finally, and most importantly, our findings showed the indirect effect of coparenting on children's social-emotional competence via child routines. In our expectations, findings from the current study are consistent with previous research conducted with Chinese children showing that consistent child routines mediated the effects of coparenting on the relationship between coparenting and social emotional development (initiative, self-control, and behavioral concerns) (Ren & Xu, 2019). Considering the significance of social-emotional competence on child outcomes, it is important to identify early family and environmental factors that promote children's social-emotional competence. The current study broadens available literature studying family and environmental factors that are related to social-emotional competence during early childhood. Based on the results, we can suggest that quality coparenting relationship, which is considered to have an essential role in positive child outcomes according to Family System theory (Minuchin, 1974), may promote a sense of security and predictability in home environment. In addition, when parents coordinate with each other in their role as parents and support their decisions in child rearing practices, children may receive more consistent environmental cues and feel more certain about their parents' expectations, and in turn, children may be better able to show higher social-emotional competence (Karreman et al., 2008). Consequently, children may be more likely to perform consistent routines. When we consider the indirect effect of coparenting on children's social-emotional competence through child routines,

we can say that children who have parents with quality coparenting relationships may develop more consistent routines, and consistent child routines may also promote the predictability and security in the environment, in turn, children may be engage in more socially and emotionally competent behaviors.

5.4 Making sense of the results in the context of the COVID-19 Pandemic

The current period of the COVID-19 pandemic has led to significant changes in daily life of families (Adadms et al., 2020; Toran et al., 2021). It is likely that the COVID-19 lockdown may be particularly challenging for parents who are dealing with financial difficulties; problems with their spouses; and increased burden of raising a child (Fontanesi et al., 2020). Therefore, it is important to examine the role of current pandemic on parents and children to mitigate the impact of the COVID-19. This study examined the impacts of the COVID-19 on financial, resource, psychological and family interaction domains. It is important to highlight that the current study's sample scored higher on COVID-19 family interactions, and relatively lower on resource and financial impacts of the COVID-19 pandemic. Even though we expected to find an adverse impact of COVID-19 on families in areas such as family relations, economy, psychology and resources, our sample did not seem to be adversely affected by this situation as much as we expected. The current study's sample was consisting of parents with medium and high socioeconomic status, this may be because they were affected less from the COVID-19 related impacts. Therefore, it is important to evaluate the results considering the characteristics of the current study's sample.

The current study provided evidence addressing the indirect effect of coparenting on children's social-emotional competence through child routines during the COVID-19 outbreak.

Results showed that psychological impact of the COVID-19 was negatively, higher quality in family interactions during the COVID-19 was positively correlated with children's social-emotional competence. Previous studies have shown the importance of positive family interaction on the social-emotional development of children in early years of life (Landy, 2009). It is likely that supportive family environments which contain positive family interactions may serve as protective factors against negative consequences of the COVID-19. Besides, family interactions during the COVID-19 was found to be positively related to coparenting quality and consistent child routines. Families who have positive family interactions may also support each other in their role as a parent, which may also be promotive in the context of the COVID-19. Having positive family interactions during the COVID-19 pandemic might be linked to more positive family dynamics which then might influence the functioning of the family system that impacts children's adjustment (Cox & Paley, 1997; Feinberg, 2003). Considering the interrelated nature of subsystems contributing to child development, families having positive interactions during the COVID-19 might protect the balance of the family system, and this might positively affect the functions of the family subsystems and child outcomes. Previous research found that mothers who received support from their spouses during the COVID-19 were better able to engage in adaptive parenting behaviors (Uzun et al., 2021). Besides, establishing consistent routines may be essential for families during the COVID-19, an absolutely stressful and unpredictable event. We asked parents to rate their children given for each routine considering the last month. Result showed the direct contribution of child routines on children's social-emotional competence during the COVID-19. Providing consistent routines during the COVID-19 may serve as an effective way that enable parents to provide children with a predictable home environment.

Therefore, providing consistent routines can help structure the day and create a secure environment for the children. This sense of security might help children to feel safer during the COVID-19, which may consequently improve the social-emotional competence of children (Fiese et al., 2002).

5.5 Implications of The Current Study

Given the importance of supporting social-emotional competence in the early years of life (Shonkoff et al., 2000; Denham, 2006), the present findings might provide implications for researchers, parents, and teachers. Primarily, findings from the current study can provide an understanding of children's social-emotional competence from family systems theory wherein the interrelated nature of subsystems contributes to child development. Previous findings showed the effects of coparenting on child development which has led to the implementation of intervention studies regarding enhancing the coparenting quality. For example, Family Foundations, a preventive intervention program, aimed to improve the coparenting relationship to have a long-term positive impact on child well-being (Feinberg et al., 2009). Results showed that parents who participated in intervention programs before the child's birth reported enhancement in child adjustment, including child self-regulation when their child was 1 and 3 years of age (Feinberg et al., 2009). Therefore, coparenting interventions should be developed for parents to improve their relationship as a couple and contribute to their children's well-being.

Considering the results of the current study, which suggest the importance of developing consistent child routines on children's social and emotional development, intervention programs should also focus on implementing consistent child routines. Practitioners may help parents

establish consistent routines in different dimensions such as discipline, activities, and daily living. Practitioners may also collaborate with schools and teachers to find required strategies for implementing and maintaining routines in the classroom environment as schools and teachers play a crucial role in the development of children's social-emotional skills and the majority of children ages between 4 to 6 spend their time at school (Denham et al., 2012; Wildenger et al., 2008). Another implication of the current study is that interventions designing to promote both coparenting quality and child routines may better improve children's social-emotional competence. For example, when designing an intervention program that targets increasing coparenting quality, couples can be given information on the importance of establishing consistent routines for their children and how they should cooperate with each other to establish daily routines. In this way, the program may particularly obtain better outcomes in enhancing children's social-emotional competence compared to programs that only support families on coparenting or child routines.

Most importantly, the current study has an important place in terms of examining the coparenting relationship, child routines, and children's social-emotional competence in the COVID-19 outbreak. As the COVID-19 pandemic, which has put some responsibilities on parents, may hinder their ability to support children's social-emotional competence compared to the past, it is warranted to pay further attention to support children (Wang et al., 2020). Therefore, the policymakers should adopt preventive interventions to protect families from the negative impact of the COVID-19 and increase the well-being of families and children, which may seem especially essential during the COVID-19. Providing free psychoeducation to parents and help them recognize pathways to children's and family's well-being during the COVID-19 may be an

effective type of intervention to strengthen children's social-emotional competence. Based on the current study's findings showing the importance of supporting coparenting relationships in helping children form consistent routines, and in turn, contributing to children's social-emotional competence, families may be supported online to develop coparenting skills and implementing daily routines during the pandemic. Effective interventions and further research are needed to mitigate the current and long-term impact of the COVID-19 on families and their children.

5.6 Limitations and Future Directions

It is important to consider the limitations of the study while interpreting the findings. First, our sample was primarily comprised of high SES families, which limits the generalizability of our results. Children with low SES backgrounds may have different experiences with the COVID-19 and the reason behind why our sample scored relatively lower on the COVID Impacts Scale might be because of our sample's high socioeconomic status. We conducted our study using an online survey on the Qualtrics platform, which restricts our sample to participants with internet access.

Second, we used cross-sectional online survey, which prevented us to make causal inferences. Even though the ordering of our construct in model was based on the previous research (Ren & Xu, 2019) alternative ordering may exist since there may be a bidirectional relationship between coparenting and child routines. We did not have longitudinal data to understand pure mediating mechanism. Further longitudinal research to understand the mechanism and causal relationship between coparenting, child routines and social-emotional competence during the COVID-19 pandemic are needed. Furthermore, coparenting relationship involves both mothers' and fathers' collaboration in child-rearing. Mothers and father may

perceive their coparenting behavior differently (Acar et al., 2021). Therefore, it would be beneficial to address both father about their partners' co-parenting. It would be beneficial to include both parents' and mother's perceptions of their coparenting behavior and their relation to children's social-emotional competence for further research. Moreover, the questions under the COVID-19 pandemic effects reflected the views of mothers on economic, resource and psychological effects they experienced during pandemic. Only the questions under family interaction was related to the interactions between family members during the COVID-19. Further research may address more comprehensive questions to children to understand the changes in the behavior and emotional state of children, and differences in their daily routines during the COVID-19.

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APPENDIX A

Item-Level Information of the Child Routines Questionnaire

Table A.

Standardized factor loadings, internal consistency, item-total correlation, and composite reliability of the Child Routines Questionnaire.

	Daily Living	Activities	Discipline	R^2	Item-total Correlation
Internal Reliability	α = 0.810 ω = 0.813 CR= .820	α = 0.70 ω = 0.695 CR= .712	α = 0.67 ω = 0.672 CR= .674		
Item	Loading	Loading	Loading		
My child eats at least one meal a day with the family.	.395			.156	.361
My child has a set routine before going to bed (For example, brush teeth, put on pajamas, listen to parent read book, and kiss parent goodnight).	.606			.367	.515
My child has a routine for saying hello or goodbye to family (For example, gives kisses and/ or hugs or waves "bye-bye").	.453			.205	.354
My child brushes teeth before bed.	.462			.214	.421
My child eats at the table or in high chair daily.	.490			.240	.438
My child eats supper at about the same time each day.	.685			.469	.627

My child eats supper at about the same time each day.	.619		.383	.556
My child washes hands before mealtime.	.416		.173	.349
My child eats a snack at the same time each day.	.364		.132	.285
My child has a regular bedtime each night.	.517		.267	.504
My child eats lunch at about the same time each day.	.650		.423	.599
My child eats breakfast at about the same time each morning.	.610		.372	.546
My child engages in regular, planned activities with the family each week (For example, play games, watch movies, or go out to eat).		.601	.361	.456
My child helps with chores in some way daily (For example, puts a toy in the toy box or puts clothes in hamper).		.423	.179	.410
My child is introduced to new objects, toys, or activities regularly.		.461	.212	.404
My child spends individual time talking with a parent each day (For example, in the car or before bed).		.497	.247	.395
My child has a clean-up routine.		.405	.164	.374
My child engages in an age-appropriate educational activity		.635	.404	.495

daily (For example, counting or naming colors).				
My child is read to daily.	.480		.230	.378
My child is given a warning before changing activities (For example, "You have five more minutes until clean-up").	.372		.138	.269
My child has to follow set time limits on daily fun activities (For example, outside play or watching TV).		.569	.323	.273
My child is rewarded for good behavior when out in public (For example, is allowed to pick a toy or get a sticker).		.323	.104	.372
My child has to follow household rules, such as "No hitting" or "No yelling".		.557	.310	.407
My child is praised or rewarded for good behavior.		.557	.192	.424
My child has to follow rules when out in public (For example, "Stay close to Mom" or "No whining")		.618	.382	.474
My child knows what will happen if he/she does not follow parent instructions or rules.		.517	.268	.455

Note. CR = Composite Reliability

APPENDIX B

COVID Impacts Questionnaire

Answer the following questions by considering the current COVID-19 pandemic process.

1= not true of me at all; 7= very true of me

The Coronavirus (COVID-19) has impacted me negatively from a financial point of view.	1 2 3 4 5 6 7
I have lost job-related income due to the Coronavirus (COVID-19).	1 2 3 4 5 6 7
The Coronavirus (COVID-19) has NOT impacted my financial status at all.	1 2 3 4 5 6 7
I have had a hard time getting needed resources (food, toilet paper) due to the Coronavirus (COVID-19).	1 2 3 4 5 6 7
It has been difficult for me to get the things I need due to the Coronavirus (COVID-19).	1 2 3 4 5 6 7
The Coronavirus (COVID-19) has NOT affected my ability to get needed resources.	1 2 3 4 5 6 7
I have become depressed because of the Coronavirus (COVID-19).	1 2 3 4 5 6 7
The Coronavirus (COVID-19) outbreak has impacted my psychological health negatively.	1 2 3 4 5 6 7
The Coronavirus (COVID-19) pandemic has NOT made me feel any worse than I did before.	1 2 3 4 5 6 7

APPENDIX C

COVID-19 Family Interactions Questionnaire

Answer the following questions by considering the current COVID-19 pandemic process.

1 = I strongly disagree; 5 = I totally agree

1) Family members enjoy spending time together during COVID-19.	1 2 3 4 5
2) Family members openly talk to each other about COVID-19 without hesitation.	1 2 3 4 5
3) Family members solve problems about COVID-19 together.	1 2 3 4 5
4) Family members support each other during COVID-19.	1 2 3 4 5
5) Family members take care of each other during COVID-19.	1 2 3 4 5
6) Family members are compatible with each other during COVID-19	1 2 3 4 5